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THE RELATION OF THE NURSE TO THE DOCTOR AND THE DOCTOR TO THE NURSE

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Some one has said a nurse is born and not made. I would like to amend that by saying a nurse is born and then trained. Woman possesses qualities which naturally make her superior to the average man for this important work, which stands second to the medical profession itself.

The nursing profession is monopolized almost entirely by women. It is about the only thing we are allowed to do without the blame of trying to take away the work from the poor men. In spite of the fact that women are naturally adapted to the art of nursing, superintendents of hospitals often find it difficult to obtain desirable applicants for training. The possible reason for this is the lack of home training and the fact that children are rarely taught the importance of obedience. In my estimation obedience is the first law and the very cornerstone of good nursing. And here is the first stumbling block for the beginner. No matter how gifted she may be, she will never become a reliable nurse until she can obey without question. The first and most helpful criticism I ever received from a doctor was when he told me that I was supposed to be simply an intelligent machine for the purpose of carrying out his orders.

As to the relation of a nurse to the doctor, there can be no relation of the nurse to the doctor other than a strictly professional one. Any other relation will mean disaster to the nurse.

By disaster I mean that any relation not professional will lead to misunderstandings, quarrels or perhaps marriage, and in either case the nurse's usefulness as a professional nurse will be at an end. This is to me a pretty good argument why a nurse should maintain strictly formal relations towards the doctor, never forgetting that her success in the future depends mainly on the doctor's recommendation and influence.

It is true that after several years of doing private duty a good nurse receives many calls through the friends of patients, but suppose she steps beyond the bounds of professional etiquette and commits that unpardonable sin of suggesting to the family that another doctor be called in, perhaps the one she prefers, and in other ways conducts herself unbecomingly as a nurse. Her opportunities will be limited

to nursing for that one particular doctor, no matter how qualified and accomplished she may be. Instances have occurred where the physician has been dismissed and the unprofessional nurse retained (but this is very unusual). The professional career of such a nurse is bound to be short. My advice to nurses doing hospital or private duty work would be to maintain a strictly formal attitude toward the doctor.

You may not care for the personality of the doctor who is in attendance but you are bound to respect his profession and obey his orders. If his conduct is such as to offend and make it impossible for you to do conscientious work, make some excuse and give up the case.

It is always well on taking charge of a case to inquire from the doctor what he would allow the nurse to do if any emergencies should arise. This is not only for the patient's safety but for the nurse's protection. As you know, there are occasions where a nurse's prompt action may save the life of her patient, but at the same time she would like to know that the means are entirely approved by the attending physician.

After all, no matter how professional or clever a nurse may be, she will never be successful if she lacks common sense, tact and the ability to grasp the fact that her real success depends on the little things in nursing and not on the fact that she may be able to diagnose the case.

As to the relation of the doctor to the nurse, I believe the doctors are mainly responsible for the many inefficient nurses that are graduated from the smaller hospitals. The reason for this is that doctors in smaller towns take a more personal interest in the social side of the training school, often using their influence to keep an undesirable pupil nurse in training. Then, too, it is more difficult to maintain the strict, almost military, discipline which is in operation in all the larger schools.

A really good, ambitious nurse will prefer the doctor who is particular, even exacting in regard to her work. With a doctor like this an indifferent nurse will be forced to do good work, for she is afraid not to. A careless doctor will make a careless nurse.

Naturally the doctor is or should be the nurse's chief instructor. He should make it his business to know that the curriculum of the training school is what it should be, and that the pupil nurses get the practice required to make for efficiency. By the high standard of the training school both he and his patient will be benefited.

I believe it is the doctor's duty to report a nurse who fails to carry out his orders; but first he should take the rôle of a kindly critic and

tell her of her shortcomings. If this correction fails, then report the pupil nurse; or dismiss her, if she is a graduate and doing private duty. Doctors should never make excuses for nurses who fail in their duty. It is really an injustice to the nurse and can do no possible good.

When he dismisses an unsatisfactory nurse he should tell her why, no matter if it hurts. If she is the right kind of nurse she will do better next time, or be discouraged and give up the profession. When a nurse is doing private duty the doctor should see that she gets the proper amount of rest and recreation. He should also remember that while he is attending several patients, the nurse has only one patient and is wholly dependent on the income from that one patient. If her patient is at all able to pay, I think the nurse should be entitled to the first money, and the doctor should see that she gets it.

If doctors were obliged to spend twenty-two hours out of twenty-four with some of their irritable, nervous patients they would require a few weeks rest at Dawson Springs. Even a machine needs rest and repair. Beyond a certain amount of physical and mental strain the brain refuses to act, and I believe that many cases of neglect on the part of the nurse are due to overwork. Perhaps the over ambitious nurse wishes to carry a difficult case through and refuses to have assistance. Such foolishness the doctor should not allow. Some doctors think nurses require flattery in order to do better work. I do not think so. After all, if she is doing her duty, she is doing just what she should. It is a matter of business with her and to her interest that she do her work loyally and well.

MILK DIET IN CHRONIC KIDNEY DISEASE.—A writer in an Amsterdam medical journal disapproves of an exclusive milk diet. He says the albumen in milk is as injurious in disease of the kidneys as any other albumen. Milk should be allowed very cautiously, if at all.